1915i Policy

Quality Assurance

The state identified the following approach to identify and address measures rating below 85% compliance, and to evaluate the effectiveness of system change:

- A Plan of Care (POC) checklist was developed for use by the Behavioral Health Division, the Managed Care Organization (MCO), and the care coordination provider agencies in the review of the representative samples for Measures 1, 2, 4, and 7. They will each complete the required number of POC reviews, compile into the POC review report, and submit within 30 days following the end of the midyear (by July 30th) and end of calendar year (by January 31st) to the State Medicaid Agency's 1915(i) Administrator. These findings of the data collection efforts will be analyzed, and the need for system change identified.

- The Medical Services Division will collaborate with internal provider enrollment and claims personnel to collect required data for Measures 3, 5, and 6.

  The MCO will collect required data on 1915(i) provider claims for Expansion members for measure 6 and submit findings to the SMA.

- The NDDHS Medical Services Division and Behavioral Health Division will meet in August and February following the submission of the biannual POC review reports. For performance measures trending near or below 85%, the two divisions will discuss and plan quality improvement strategies.   After the quality improvement strategies have been implemented, performance measure data will be reviewed quarterly to ensure data is trending toward desired outcomes. Participant health, welfare, and safety will be prioritized above all else. When data analysis reveals the need for system change, NDDHS will reconvene to revise the quality improvement strategy until success is achieved. Effectiveness of the Quality Improvement Process will be measured through progress towards 1915(i) goals.

- The NDDHS Behavioral Health Division is accountable for addressing individual problems relating to Measures 1, 2, 4, and 7 listed below. Upon discovery of an issue, they will implement corrective measures by following up with the provider or Zone to provide training and technical assistance, clarify policy, or other system improvement methods.

Issues and solutions are documented in an excel spreadsheet or a web-based system by the Behavioral Health Division staff for submission to the Medical Services Division for the CMS Annual Report.

- The Medical Services Division is accountable for addressing provider-related issues relating to Measures 3 & 5 listed below and will correct identified issues.

  The Medical Services Division is accountable for addressing provider-related issues relating to Measure 6 listed below and will correct identified issues for Traditional member claims.

  The MCO is accountable for addressing provider-related issues relating to Measure 6 listed below and will correct identified issues for Expansion member claims.

- Remediation efforts may include changes in provider education, training, policy, and sanctions as allowed under NDAC Chapter 75-02-05 Provider Integrity; 75-02-05-05 Grounds for Sanctioning Providers. Issues and solutions are documented by the appropriate Medical Services Division staff for use in the CMS Annual Report. The state maintains documentation that tracks policy changes, recouped funds, and terminations.

- North Dakota Department of Human Services (NDDHS) Medical Services Division and Behavioral Health Division will meet monthly to evaluate quality, efficiency, and effectiveness of the 1915(i).

POC Review Checklist and POC Report

The purpose of the POC Review Checklist is twofold:
1. To obtain data from the POC reviews to provide to CMS for the required biannual quality improvement strategy report; and,
2. To ensure best practice and compliance with Medicaid requirements.

Reviews are completed by the Behavioral Health Division for Traditional clients, Managed Care Organization for Expansion clients, and care coordinator providers for both Traditional and Expansion clients.

The number of required reviews will be provided by the NDDHS and is determined by a representative sample of the population. However, care coordination provider agencies will want to consider using this checklist to

review all plans completed as this checklist ensures best practice and compliance with Medicaid requirements.

Complete the required number of plan of care reviews using the 1915(i) Plan of Care Checklist, compile into the 1915(i) Plan of Care Review Report, and submit 30 days following the end of the midyear (by July 30th) and end of calendar year (by January 31st) to the State Medicaid Agency's 1915(i) Administrator.

Discovery and Remediation

The NDDHS and the MCO will review a representative sample of the population (95% confidence level with a +/-5 percent margin of error), generated by the NDDHS Decision Support Team. The sample size will be determined by the "total population". Total population equals the number of individual participants enrolled in the 1915(i) at the point in time the sample is drawn (i.e., if the total population on July 1, 2021 is 1,000 participants, the annual review sample size is 278).

Quality Measures

1. **Plan of Care (POC) a) address assessed needs of 1915(i) participants; b) are updated annually; and c) document choice of services and providers.**

Requirement	*1a. POCs address assessed needs of the 1915(i) participants*
Discovery	
Discovery Evidence *(Performance Measure)*	The number and percent of participant's with POCs that identify and address the participant's assessed needs. *N=Number of POCs that identify and address the participant's assessed needs.* *D=Total number of participant POCs reviewed.*
Discovery Activity *(Source of Data & sample size)*	**Source:** A representative sample of the population (95% confidence level with a +/-5 percent margin of error). **Sample Size:** The sample size will be determined by the "total population". Total Population equals the number of individual participants enrolled in

		the 1915(i) at the point in time the sample is drawn. The following questions will be included on a checklist developed for use in the review of the representative samples: *1. Does the POC identify and address assessed needs of the participant?*
	Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Behavioral Health Division
	Frequency	Annually
Remediation		
	Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	NDDHS Behavioral Health Division Annually
	Frequency *(of Analysis and Aggregation)*	Annually

Requirement	1b. POCs are updated annually
Discovery	
Discovery Evidence *(Performance Measure)*	The number and percent of participants with POCs reviewed and revised on or before the required annual review date. *N= Total number of POCs that were updated annually.* *D= Total number of POCs reviewed which were due for annual review.*

Discovery Activity *(Source of Data & sample size)*	**Source:** A representative sample of the population (95% confidence level with a +/-5 percent margin of error). **Sample Size:** The sample size will be determined by the "total population". Total Population equals the number of individual participants enrolled in the 1915(i) at the point in time the sample is drawn. The following question will be included on a checklist developed for use in the review of the representative samples: *Was the POC reviewed and revised on or before the required annual review date?*	
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Behavioral Health Division	
Frequency	Annually	
Remediation		
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	NDDHS Behavioral Health Division Annually	
Frequency *(of Analysis and Aggregation)*	Annually	

Requirement	***1c. POCs are updated/revised when warranted by changes in the participant's needs.***
Discovery	

Discovery Evidence *(Performance Measure)*	The total number and percent of participant's POC revised when warranted by changes in the participant's needs. N=Number of POCs revised when warranted by changes in the participant's needs. D=Total number of POCs reviewed which warranted revision due to changes in the participant's needs.	
Discovery Activity *(Source of Data & sample size)*	**Source:** A representative sample of the population (95% confidence level with a +/-5 percent margin of error). **Sample Size:** The sample size will be determined by the "total population". Total Population equals the number of individual participants enrolled in the 1915(i) at the point in time the sample is drawn. The following question will be included on a checklist developed for use in the review of the representative samples: *Was the POC reviewed and revised when warranted by changes in the participant's needs?*	
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Behavioral Health Division	
Frequency	Annually	
Remediation		
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	NDDHS Behavioral Health Division Annual	
Frequency	Annually	

(of Analysis and Aggregation)	

Requirement	**1d. POCs document choice of services and providers.**
Discovery	
Discovery Evidence *(Performance Measure)*	Total number and percent of signed POCs containing a Choice of Service and Provider Statement signed by the participant as proof of choice of eligible services and available providers. *N=Total number of POCs containing a Choice of Service and Provider Statement signed by the participant.* *D=Total number of POCs reviewed.*
Discovery Activity *(Source of Data & sample size)*	**Source:** A representative sample of the population (95% confidence level with a +/-5 percent margin of error). **Sample Size:** The sample size will be determined by the "total population". Total Population equals the number of individual participants enrolled in the 1915(i) at the point in time the sample is drawn. The following questions will be included on a checklist developed for use in the review of the representative samples: *Does the POC document the participant had choice of services?* *Does the POC document the participant had choice of providers?*
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Behavioral Health Division
Frequency	Annually
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates*	NDDHS Behavioral Health Division Annually

remediation activities; required timeframes for remediation)	
Frequency *(of Analysis and Aggregation)*	Annually

2. **Eligibility Requirements: (a) an evaluation for 1915(i) State plan HCBS eligibility is provided to all applicants for whom there is reasonable indication that 1915(i) services may be needed in the future; (b) the processes and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately; and (c) the 1915(i) benefit eligibility of enrolled individuals is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS.**

Requirement	*2a. An evaluation for 1915(i) State Plan HCBS eligibility is provided to all individuals for whom there is a reasonable indication that 1915(i) services may be needed in the future.*
Discovery	
Discovery Evidence *(Performance Measure)*	The number and percent of participants enrolled within the current month under review, with POC indicating they had an evaluation for 1915(i) eligibility prior to enrollment. *N=The number of participants enrolled within the current month, with POCs indicating they had an evaluation for 1915(i) eligibility prior to enrollment* *D=The total number of POCs of new enrollees reviewed*
Discovery Activity *(Source of Data & sample size)*	**Source:** A representative sample of the population (95% confidence level with a +/-5 percent margin of error). **Sample Size:** The sample size will be determined by the "total population". Total Population equals the number of individual

		participants enrolled in the 1915(i) at the point in time the sample is drawn. The following question will be included on a checklist developed for use in the review of the representative samples: *Does the POC indicate an evaluation for 1915(i) eligibility occurred prior to enrollment?*
	Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Behavioral Health Division
	Frequency	Annually
Remediation		
	Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	NDDHS Behavioral Health Division Annually
	Frequency *(of Analysis and Aggregation)*	Annually

Requirement	***2b. The process and instruments described in the approved state plan for determining 1915(i) eligibility are applied appropriately.***
Discovery	
Discovery Evidence *(Performance Measure)*	The number and percent of participant eligibility reviews completed according to the process and instruments described in the state plan amendment. *N=The total number of participants' eligibility reviews completed according to the process and*

		instruments described in the state plan amendment. *D=The total number of participant's eligibility reviews*
	Discovery Activity *(Source of Data & sample size)*	**Source:** A representative sample of the population (95% confidence level with a +/-5 percent margin of error). **Sample Size:** The sample size will be determined by the "total population". Total Population equals the number of individual participants enrolled in the 1915(i) at the point in time the sample is drawn. The following question will be included on a checklist developed for use in the review of the representative samples: *Does the POC indicate the process and instruments described in the approved state plan for determining 1915(i) eligibility were applied appropriately?*
	Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Behavioral Health Division
	Frequency	Annually
Remediation		
	Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	NDDHS Behavioral Health Division Annually
	Frequency *(of Analysis and Aggregation)*	Annually

Requirement	2c. The 1915(i) benefit eligibility of enrolled participants is reevaluated at least annually or if more frequent, as specified in the approved state plan for 1915(i) HCBS.
Discovery	
Discovery Evidence *(Performance Measure)*	The number and percent of participants whose eligibility was reviewed within 365 days of their previous eligibility review. *N=The number of 1915(i) participants whose eligibility was reviewed within 365 days of their previous eligibility review.* *D=The total number of 1915(i) participants whose annual eligibility review was required.*
Discovery Activity *(Source of Data & sample size)*	**Source:** A representative sample of the population (95% confidence level with a +/-5 percent margin of error). **Sample Size:** The sample size will be determined by the "total population". Total Population equals the number of individual participants enrolled in the 1915(i) at the point in time the sample is drawn. The following question will be included on a checklist developed for use in the review of the representative samples: *Does the POC indicate the participant's eligibility was reviewed within 365 days of their previous eligibility review?*
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Behavioral Health Division
Frequency	Annually
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and*	NDDHS Behavioral Health Division Annually

aggregates remediation activities; required timeframes for remediation)	
Frequency *(of Analysis and Aggregation)*	Annually

3. Providers meet required qualifications.

Requirement	**3a. Providers meet required qualifications (initially).**
Discovery	
Discovery Evidence *(Performance Measure)*	Number and percent of service providers who initially met required licensure and/or authorization standards prior to furnishing 1915(i) services. *N=The total number of service providers who met required qualifications prior to furnishing 1915(i) Services.* *D=The total number of 1915(i) authorized service providers.*
Discovery Activity *(Source of Data & sample size)*	NDDHS Medical Services Division at time of Provider Enrollment 100% review
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Medical Services Division Provider Enrollment Process
Frequency	Initially upon enrollment
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates*	NDDHS Medical Services Division Provider Enrollment Process Annually

remediation activities; required timeframes for remediation)	
Frequency *(of Analysis and Aggregation)*	Annually

Requirement	**3b. Providers meet required qualifications (ongoing).**
Discovery	
Discovery Evidence *(Performance Measure)*	The number and percent of reauthorized providers who met required qualifications prior to reauthorization. *N=The number of 1915(i) providers reauthorized who met required qualifications prior to reauthorization* *D=The total number of 1915(i) providers reauthorized*
Discovery Activity *(Source of Data & sample size)*	NDDHS Medical Services Division Provider Enrollment Process 100% review
Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Medical Services Division Provider Enrollment Process
Frequency	5 years at the time of reenrollment.
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required*	NDDHS Medical Services Division Provider Enrollment Process Annually

timeframes for remediation)	
Frequency *(of Analysis and Aggregation)*	Annually

4. Settings meet the home and community-based setting requirements as specified in this SPA and in accordance with 42 CFR 441.710(a)(1) and (2).

Requirement	*4a. Settings meet the home and community-based setting requirements as specified in the SPA and in accordance with 42 CFR 441.710(a)(1) and (2).*
Discovery	
Discovery Evidence *(Performance Measure)*	The number and percent of participants whose POC indicate a setting for service delivery that meets the home and community-based settings requirements as specified by this SPA and in accordance with 42 CFR 441.710(a)(1) and (2) prior to enrollment. *N=Total number of participants whose residential settings met the home and community-based settings requirement prior to enrollment.* *D=Total number of POCs reviewed.*
Discovery Activity *(Source of Data & sample size)*	**Source:** A representative sample of the population (95% confidence level with a +/-5 percent margin of error). **Sample Size:** The sample size will be determined by the "total population". Total Population equals the number of individual participants enrolled in the 1915(i) at the point in time the sample is drawn. The following questions will be included on a checklist developed for use in the review of the representative samples: *1. Does the POC document the participant resides in and receives services in a compliant community-based setting as specified in the State Plan Amendment and in accordance with 42 CRF 441.710(a)(1) and (2)?*

Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Behavioral Health Division	
Frequency	Annually	

Remediation		
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	NDDHS Behavioral Health Division Annually	
Frequency *(of Analysis and Aggregation)*	Annually	

5. **The SMA retains authority and responsibility for program operations and oversight.**

Requirement	***5a. The SMA retains authority and responsibility for program operations and oversight.***
Discovery	
Discovery Evidence *(Performance Measure)*	*N=Number of annual reports submitted to CMS timely* *D=Number of annual reports due*
Discovery Activity *(Source of Data & sample size)*	NDDHS Medical Services Division 100%
Monitoring Responsibilities *(Agency or entity that conducts*	NDDHS Medical Services Division

discovery activities)	
Frequency	Annually
Remediation	
Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	NDDHS Medical Services Division Annually
Frequency *(of Analysis and Aggregation)*	Annually

6. The SMA maintains financial accountability through payment of claims for services that are authorized and furnished to 1915(i) participants by qualified providers.

Requirement	***6a. The SMA maintains financial accountability through payment of claims for provider managed services that are authorized and furnished to 1915(i) participants by qualified providers.***
Discovery	
Discovery Evidence *(Performance Measure)*	Number and percent of claims for provider managed services paid during the review period according to the service rate. *N=Number of claims for provider managed services paid during the review period according to the service rate* *D=Number of claims for provider managed services submitted during the review period*
Discovery Activity *(Source of Data & sample size)*	**Source:** A representative sample of the population (95% confidence level with a +/-5 percent margin of error). **Sample Size:** The sample size will be determined by the "total population". Total Population equals

		the number of individual participants enrolled in the 1915(i) at the point in time the sample is drawn.
	Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Medical Services Division
	Frequency	Annually
Remediation		
	Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	NDDHS Medical Services Division Annually
	Frequency *(of Analysis and Aggregation)*	Annually

7. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints.

	Requirement	***7a. The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints.***
Discovery		
	Discovery Evidence *(Performance Measure)*	The number and percent of POCs with participant's signature indicating they were informed of their rights surrounding abuse, neglect, exploitation, use of restraints and reporting procedures. In case of a state or national emergency where close contact is not allowed, such as with COVID-19, an electronic signature may be accepted.

		N=Total number of POCs with participant's signature indicating they were informed of their rights surrounding abuse, neglect, exploitation, use of restraints and reporting procedures. *D=Total number of 1915(i) participant POCs reviewed.*
	Discovery Activity *(Source of Data & sample size)*	**Source:** A representative sample of the population (95% confidence level with a +/-5 percent margin of error). **Sample Size:** The sample size will be determined by the "total population". Total Population equals the number of individual participants enrolled in the 1915(i) at the point in time the sample is drawn. The following question will be included on a checklist developed for use in the review of the representative samples: *Does the POC contain the participant's signature stating they were informed of their rights surrounding abuse, neglect, exploitation, use of restrains and reporting procedures?*
	Monitoring Responsibilities *(Agency or entity that conducts discovery activities)*	NDDHS Behavioral Health Division
	Frequency	Annually
Remediation		
	Remediation Responsibilities *(Who corrects, analyzes, and aggregates remediation activities; required timeframes for remediation)*	NDDHS Behavioral Health Division Annually
	Frequency	Annually

	(of Analysis and Aggregation)	

Managed Care Organization Contract Oversight Report

The MCO will complete the biannual Managed Care Organization Contract Oversight Report and submit to the SMA by July 30th and January 31st.